ARRIBA

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PLAN INTERNATIONAL

ARRIBA

Achieving Reproductive Rights in Bolivian Adolescents

Project Learning Document

Adolescent participant in the ARRIBA program in Bolivia.

Content

26,315 adolescent girls and boys participated directly in the ARRIBA project, fostering their empowerment regarding their SRHR.

Acronyms

AIDA	Comprehensive Differentiated Care for Adolescents
ARRIBA	Achieving Reproductive Rights in Bolivian Adolescents, Reducing Maternal & Newborn Mortality
BJA	Juana Azurduy Bonus
BL	Baseline
CAI	Information Analysis Committee
CHW	Community Health Worker
CIES	Center for Research, Education and Services
CoC	Champions of Change
COVID-19	Coronavirus Disease of 2019
CSC	Community Scorecard
CSO	Civil Society Organisation
DNA	Child & Youth Rights Defense Unit
FELCV	Police
FIAP	Canada´s Feminist International Assistance Policy
GAC	Global Affairs Canada
GAM	Autonomous Municipal Government
GBV	Gender-Based Violence
GE	Gender Equality
HMIS	Health Management Information System
HSS	Health and Social Services
ICT	Information and Communication Technology
INE	National Statistics Institute
M	Men
MEL	Monitoring, Evaluation & Learning
MHP	Municipal Health Plans
MNH	Maternal and Neonatal Health
MoH	Ministry of Health and Sports
MSIB	Marie Stopes International Bolivia
NHIS	National Health Information System
PMS	Municipal Health Plans
PSEA	Protection from Sexual Exploitation and Abuse
SAFCI	Intercultural Community and Family Health
SEDES	Departmental Health Service
SLIM	Integrated Municipal Legal Service
SBCC	Social and Behavior Change Communication
SGBV	Sexual Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRR	Sexual and Reproductive Rights
STI	Sexually Transmitted Infections
SVEC	Community Epidemiological Surveillance System
TBA	Traditional Birth Attendant
ToT	Training of Trainers
VMTM	Vice-Ministry of Traditional Medicine and Intercultural Affairs
W	Women and Men
WGEI	Women & Girls Empowerment Index
WHO	World Health Organisaiton
WRA	Women of Reproductive Age

Section 1
Project Overview

Supported by Global Affairs Canada (GAC) and Plan International Canada, ARRIBA: Achieving Reproductive Rights in Bolivian Adolescents, aimed to improve the sexual and reproductive health and rights (SRHR) including maternal and neonatal health (MNH) of adolescent girls, women of reproductive age (WRA) and pregnant women, among populations living in a situation of vulnerability in 12 municipalities of the departments of Cochabamba, Chuquisaca, Potosí and La Paz in Bolivia.

Project Reach

26,315
adolescents 10–19 years old

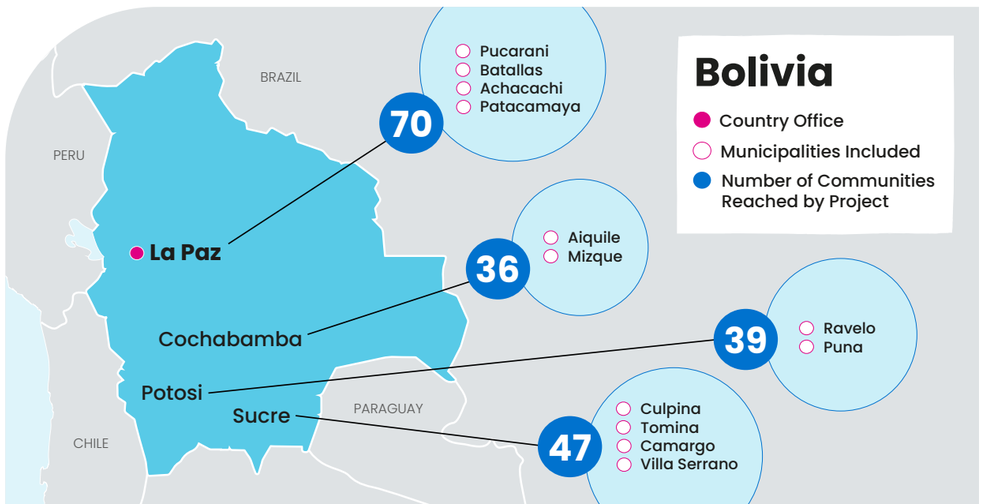
5,433
women of reproductive age

7,271
pregnant women

A six–year initiative, it was implemented between 2018 and 2023 by Plan International Bolivia, in partnership with the Bolivian Ministry of Health, with support of local governance structures and civil society and community actors.

The project directly reached 26,315 adolescents 10–19 years old (15,447 adolescent girls, 10,868 adolescent boys). In addition, the project also reached 5,433 women of reproductive age and 7,271 pregnant women. Finally, 28,417 community members (15,612 W, 12,805 M) were engaged to provide a supportive and enabling environment for the exercise of adolescent and women's SRHR. This included youth, community leaders, health and protection service providers, traditional birth attendants and community health workers, government officials and community members and parents.

Project Implementation Area



Section 2
Context

Despite the progress in public policies related to SRHR in urban and peri-urban areas of Bolivia, women and adolescents girls, continue to experience discrimination based on gender, ethnicity, age and economic and geographical factors. This discrimination leads to inadequate access to essential services in Sexual and Reproductive Health (SRH) including Maternal and Newborn Health (MNH).

According to 2013 National Statistics Institute (INE) data, nearly all non-indigenous women in urban areas gave birth attended by trained health service providers. However, this is the case for only 6 out of every 10 indigenous women in rural areas[1]. The maternal mortality rate in Bolivia was 160 per 100,000 live births, the third highest in the region after Haiti and Guyana[2]. Newborn mortality in Bolivia totaled 18 per 1,000 live births – the highest rate in Latin America. Up to two-thirds of newborn deaths could be avoided by implementing effective measures during childbirth and in the first week of life. Maternal and neonatal mortality rates were even higher in indigenous and rural communities and are linked to the low level of institutional deliveries compared to the national average[3]. These mortality rates were a reflection of the unequal access to health services.

In Bolivia, between 2010 and 2011, the pregnancy rate increased by 25% among adolescents aged 12 to 18 years[4]. Maternal mortality among adolescent girls aged 15 to 19 years was twice as high as that among women aged 20 to 24[5]. By the age of 19, 25% of adolescents were already mothers, and in rural areas, this figure often surpasses even higher percentages. It was evidenced that, although 71.6% of adolescents aged 15–19 years engage in sexual intercourse, only 13% use modern contraception. This indicates a substantial unmet need for family planning and contraception at the time the project was implemented[6]. In general, there was very limited access to comprehensive sexuality education and specialized friendly and differentiated adolescent care. Identified barriers included shame, fear, lack of knowledge and decision-making power of adolescent and women regarding their SRHR, as well as discrimination, financial constraints, and a lack of gender responsiveness, confidentiality,

Maternal mortality in Bolivia was 160 per 100,000 live births—the third highest rate in the region.

A gathering of participants of a Father's Club, encouraging males to be involved in womens SRHR.

and technical skills of health care providers. Finally, the cultural machista gender construction and the unequal power relations that legitimize the patriarchal system, aggravated by under-reported sexual offenses and the lack of prosecution of the perpetrators of gender-based violence (GBV), increases the vulnerability of girls to harassment, sexual violence, unwanted pregnancy and Sexually Transmitted Infections (STIs), and often trapping them in violent relationships[7].

As expected in a project spanning several years, ARRIBA encountered various political, economic, environmental, and social challenges throughout its implementation. One of these was the outbreak of the Coronavirus disease of 2019 (**COVID-19**) in March 2020, leading to nationwide quarantine and restrictions, that in addition to the closure of schools and services, delayed project activities, and affected access to sexual and reproductive health services for adolescents and women. The project adapted to remote operations, swiftly developing virtual materials and methodologies for working with adolescents and their families, as well as online training modalities and applications for health care providers. However, in the early stages of the pandemic, developing strategies for working with other community actors, such as the community leaders and women's groups proved more challenging, as digital literacy and connectivity were greater hurdles for the adult population.

ARRIBA was implemented primarily in municipalities with **Quechua and Aymara indigenous populations.** Therefore, the project applied an intercultural approach in all its activities, ensuring that services, materials, messages, and sessions were prepared and conducted in local languages, and integrated traditional vision to make informed decisions and exercise SRHR whenever possible.

[1]National Statistics Institute (INE). Household survey 2013.
[2]Ministry of Health. Maternal Study Bolivia 2011.
[3]Ministry of Health. Maternal Study Bolivia 2011.
[4]Plurinational Plan for the Prevention of Adolescent and Youth Pregnancy 2015–2020.
[5]Lancet Global Health. Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries. 2014.
[6]INE. Population and Health Survey, 2008.
[7]Plan International Canada. ARRIBA Project Implementation Plan. 2018.

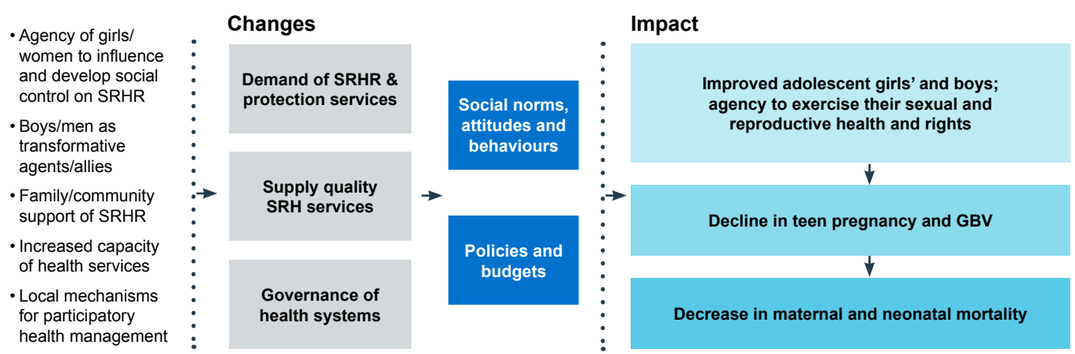
Section 3
ARRIBA Project SRHR Theory of Change

The ARRIBA Project aimed to address gender-related barriers to SRHR for adolescent girls, boys and women. It focused on creating awareness and systematically targeting these barriers while addressing capacity, resource, and information needs in the local and regional health system.

To attain the ultimate outcome of improved SRHR and reduced maternal and newborn mortality, the project focused on reaching three intermediate outcomes:

- **Demand-side:** enhancing the agency of adolescents, WRA, and pregnant women to make informed decisions and exercise their SRHR and protection against SGBV.
- **Supply-side:** improving the delivery of high-quality, gender-responsive, protective, adolescent-friendly, culturally-sensitive, and environmentally-aware MNH and SRH services for WRA and adolescent girls and boys.
- **Accountability and governance:** enhancing the responsiveness of local health governance systems for delivering evidence-based, culturally-sensitive, adolescent-friendly, and gender-responsive MNH and SRH services.

Figure 1. Theory of Change



Section 4
Project Cross-Cutting Strategies

Two cross-cutting strategies were designed to guide activities across the three outcomes: *Gender Equality and Inclusion Strategy*, and *Protection Programming Approach Against Gender-Based Violence and Sexual Violence*. The strategies were designed or adjusted in response to the Qualitative Analysis of Gender Equality and Protection Against GBV-SGBV study carried out in the first year of the project[8].

[8] This study sought to provide an in-depth understanding of gender stereotypes, social norms, and barriers in SRHR that impede the empowerment, agency about their own SRHR, and SGBV protection of adolescent girls and WRA in the 12 municipalities covered by ARRIBA.

Gender Equality and Inclusion Strategy

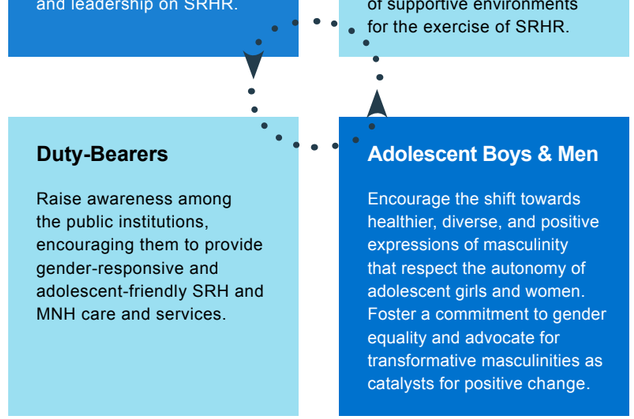
The Project's *Gender Equality and Inclusion Strategy (GEI)*, aligned with Global Affairs Canada's Feminist International Assistance Policy (FIAP), applied a gender-transformative approach to address unequal power relations between women and men, which limit the ability of girls and women to realize their SRHR and perpetuate GBV, including SGBV.

The intersectional approach was integrated into the GEI strategy design process through consultations with adolescents, WRA and their environments to understand and respond to the ways in which individual factors such as age and ethnicity combine with gender to increase adolescents' and WRA's experience of barriers to SRHR. culturally-sensitive, adolescent-friendly, and gender-responsive MNH and SRH services.

THE INTERVENTION APPROACH OF THE GENDER EQUALITY & INCLUSION STRATEGY

The GE and Inclusion Strategy aimed to achieve impact at the individual, community, and structural levels, addressing the root causes of gender inequality, as illustrated in the diagram below. The most prevalent issues included women's lack of decision-making power, negative masculinities, the low value attributed to women and girls based on gender stereotypes, and the absence of gender responsiveness in health service provision, such as privacy, confidentiality, and inclusiveness in adolescents'/WRA and health workers' interactions.

Figure 2. GEI Programming Approach



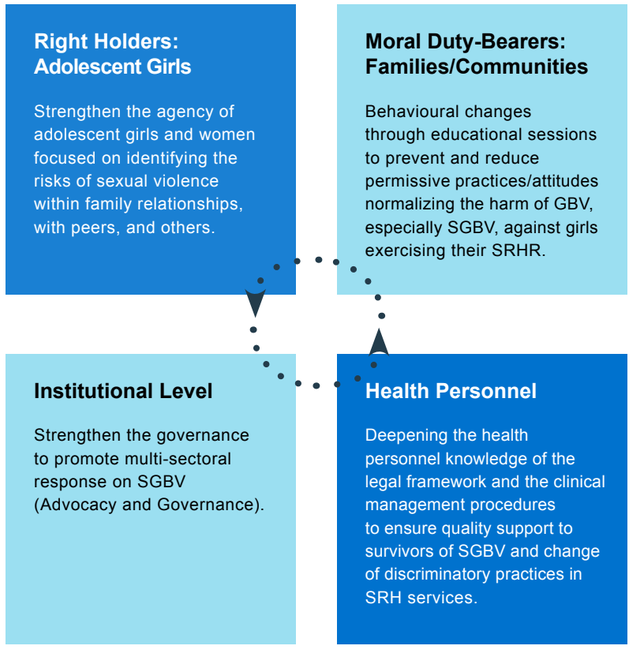
Protection Programming Approach Against Gender-Based Violence and Sexual Violence

A protection programming approach for *ARRIBA* was developed, based on Plan International's position and programming on the rights of children, adolescents, and young people to enjoy a life free from violence. It also considered GAC's protection systems strengthening approach, highlighting prevention and coordinated protection interventions among institutional actors, CSOs and community actors to respond to the most vulnerable children and adolescents facing violence exacerbated by poverty and social exclusion.

This framework promotes a common understanding on roles, responsibilities, and pathways on how to activate the protection mechanisms and overall response system among all actors, particularly the guarantors of rights. Furthermore, safeguarding and PSEA policies and measures are also embedded in all of Plan's work to ensure the way we work is safe for children and all program participants.

Related activities address prevention and response to GBV/SGBV when adolescents and young women live their SRHR fully, freely, and without coercion. Specific programmatic actions were identified for each project target group, and each year intertwined with the rest of project strategies in the Annual Work Plan activities.

Figure 3. Protection Programming Approach



The ARRIBA approach particularly targeted work with adolescent girls and women, and their families and communities. Look at how Miguel and Joel sought to create change in honour of their mothers.

Actioning the Strategies

To achieve the integration of the *Gender Strategy* and the *Protection Programming Approach* throughout the project, four permanent actions were integral:

1. **Capacity-building for project staff, including partners:** The project ensured that all staff involved (Plan, partners, and consultant services) received guidance for the analysis and implementation of the gender equality, safeguarding and protection approaches to work with project actors, particularly adolescents and youth, within the SRHR framework. It also ensured all activities within the project integrated the gender equality and protection approaches.
2. **Monitoring and Evaluation:** All information, documents, and indicators generated for monitoring and evaluation of the project included sex and age-disaggregated data and key gender-sensitive indicators. The performance measurement framework also incorporated specific gender indicators as the Women & Girls Empowerment Index (WGEI)[9].

In addition, the project logic model included outcome indicators related to changes in knowledge, skills, and practices of the targeted actors and key stakeholders, in relation to GBV/SGBV.

3. **Technical Support to project staff and partners:** All staff linked to the project (Plan, contractors and consultant services) received support and guide to strengthen their capacities from the project's gender-equality specialist and the technical advice of the gender advisors, as well as the protection advisors (Plan International Bolivia and Plan International Canada). This ensured a gender-transformative development and implementation of activities.
4. **Review of materials:** Content, methodologies, and tools were reviewed and adjusted by gender equality, protection and SRHR Technical Advisors with highly specialized training and experience and contextualized with project actors, families and community leaders.

The ARRIBA project aimed to empower women to pursue health and rights within their cultural frameworks.

Intercultural Approach to Project Implementation

It is important to highlight that Bolivia is a multicultural country that recognizes the existence of 36 groups of indigenous peoples or nations, making up nearly half of the country's total population[10].

Each culture possesses different knowledge, traditions, and customs that influence beliefs, gender norms and roles. These are compounded by individual factors like age and ethnic origin which intensify the vulnerability of adolescents and women in accessing SRH services and exercising their rights. Furthermore, this diversity also extends to the healthcare domain, where a variety of traditional medicines coexist with Western medicine. In response, it was crucial to integrate intercultural and intersectional approaches to the ARRIBA strategies.

Project activities were developed in alignment with the national Intercultural Community and Family Health Care (SAFCI) policy, which recognizes intercultural practices and traditional medicine. Plan International Bolivia developed mechanisms to facilitate intercultural dialogue between the representatives of Western and traditional medicine practices to establish strategic alliances in favor of SRHR of vulnerable populations. Quechua and Aymara communities were included in a participatory manner in all project actions. In coordination with the Vice-Ministry of Traditional Medicine and Intercultural Affairs (VMTM), the project addressed the rights of indigenous peoples to exercise their cultural preferences while accessing health services. It also strengthened the obligations of the state to provide SRH and MNH care following the WHO standards of availability, accessibility, acceptability, inclusiveness, and of quality, without discrimination.

There are 36 different indigenous groups in Bolivia — diversity that ARRIBA integrated into its strategies.

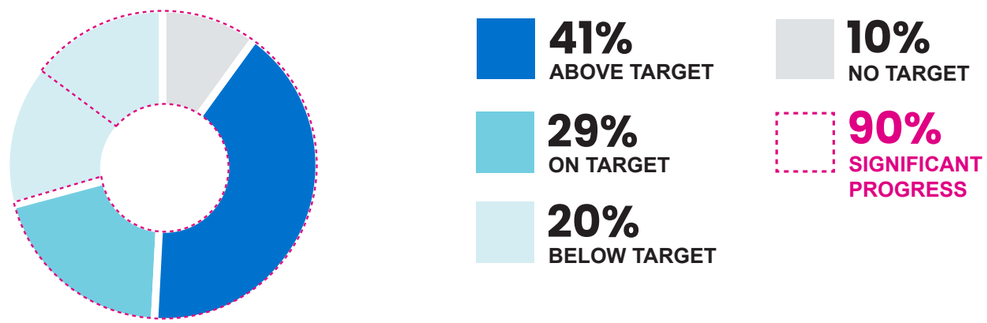
[9] Domains and sub-domains of this composite indicator have associated indicators which can be used as stand alone or in clusters. The framework is women/girl centric.
[10] Organismo Andino de Salud. Convenio Hipolito Unanue 2015.

Section 5
Project Strategies and Outcomes

The following section will present work related to each intermediate outcome, including a summary of the main strategies used and detail on the results obtained.

To measure, monitor and review the progress made by the project, ARRIBA was guided by a thorough results-based management approach, continuously tracking progress at activity and output levels, as well as periodically reviewing progress on desired outcomes through the conducting of baseline, midline and endline evaluations. The project monitoring framework was composed of 41 outcome-level indicators. **At project close, significant progress had been achieved on 90% (37) of the project outcome-level indicators**.

Figure 4. Progress to Target of ARRIBA Outcome-level Indicators[11]



[11] 17 indicators (41%) had surpassed their projected targets by over 10 percentage points, while 12 indicators (29%) reached the targets designated. Four other indicators (10) had no targets associated but also showed significant progress in relation to the situation at baseline. Finally, out of the 8 indicators (20%) that came below target, 4 (10%) had nevertheless experienced a significant recovery at endline, after suffering a substantial decrease at the project mid-point, largely influenced by the COVID-19 pandemic. The remaining 4 had also increased, though they did not reach the target designated.

5.1 Demand: Strengthening the Agency and Supportive Environment for the Realization of Adolescent SRHR

The first intermediate outcome, *Adolescents, Women of Reproductive Age (WRA), and pregnant women have enhanced agency to exercise their rights to SRH and protection*, was achieved by working primarily with adolescents and women's groups.

"All the training sessions and workshops I've attended have changed my way of seeing things."

— **Liz,** Champion of Change from Camargo municipality

Watch Liz's Story

Furthermore, work on strengthening the agency of adolescent girls and adult women to exercise their SRHR was complemented by working towards building up a supportive environment through the engagement of men, boys, traditional leaders, and community members to change the entrenched harmful social and gender norms that are barriers of SRHR. Some strategies to increase the utilization of SRH services also involved close collaboration with the Ministry of Health.

Activities were delivered face-to-face, in schools (as an extra-curricular activity) and in community spaces. During the COVID-19 pandemic and strong quarantine measures in place, the activities were also adapted to online teaching methodologies.

Demand-Side Strategies

Two main strategies guided ARRIBA's work with adolescents:

1. The implementation of the **Champions of Change for Gender Equality and Girls' Rights** training.
2. The setting up and strengthening of **adolescent networks**.

Both focused on increasing gender-transformative life skills, decision making and knowledge of SRHR and protection against GBV/SGBV, and utilization of related services among adolescents.

Champions of Change participants work on a group project as part of ARRIBA programming.

Working with Adolescents

CHAMPIONS OF CHANGE FOR GENDER EQUALITY AND GIRLS' RIGHTS

Champions of Change (CoC) is Plan International's community-wide strategy for promoting gender equality and social norms change through youth engagement and peer-to-peer mobilization. This program model engages adolescent girls and boys in critical reflections on gender dynamics and supports them in building their skills and capacities in their process towards empowerment. CoC contributes to developing a real understanding amongst youth about the impact of their cultural, social, and personal contexts for changes in norms, attitudes, and behaviours. The program modules focus on building adolescent life skills and commitment to gender equality, mobilization among their peers, promoting intergenerational dialogue and advocating for policy and legislative change. ARRIBA implemented two cohorts of CoC, reaching 386 adolescent girls and 378 adolescent boys in the 12 municipalities of project intervention, with separate curricula for girls and for boys, as well as mixed sessions and activities for dialogues with parents and communities. The program modules were reviewed and adapted to the local context, with a focus on understanding how to eliminate the barriers that impede adolescents from exercising their SRHR. Taking into consideration Bolivia's cultural diversity, **a new module on interculturality and gender was developed.**

The implementation of the methodology was carried out in coordination with district directorates of education and educational units. Besides the development of the core training modules, ARRIBA also conducted reinforcement sessions aimed at promoting informed decision-making among adolescents, the development and strengthening of capacities for advocacy around SRHR at the municipal level, and the exercise of sexual and reproductive rights. These activities not only targeted adolescents, but also encouraged an integrated approach to advocacy and intergenerational dialogue with the DNA-SLIM protection agencies, public servants in the health sector, community leaders, personnel in the education sector, and women's organizations, among others. In addition, CoC participants were able to articulate their work and become part of adolescent networks which generated greater social impact and sustainability of their actions.

Learn More

CoC Interculturality and Gender Module

ARRIBA participant interviewing the Canadian Head of Cooperation for the youth community radio station in Camargo.

Learn More

Guide on SRHR and SGBV for adolescents

Guide for the establishment of adolescent networks

SETTING UP AND STRENGTHENING ADOLESCENT NETWORKS

ARRIBA Project's central strategy actively involved establishing and strengthening networks of adolescent leaders through extensive leadership training. The focus encompassed sexuality, autonomous decision-making regarding SRHR, access to Adolescent-Friendly Health Services (AIDA), and life skills for preventing gender-based violence (GBV) and adolescent pregnancies. The project formed 25 adolescent networks across 12 intervention municipalities.

This approach nurtured change agents, fostering personal agency in adolescent girls and positive masculinities in boys. Empowered by their leadership practices, they exercised SRHR autonomously, advocated for gender equality, and actively participated in policy-making for social change. Beyond in-person training, leaders utilized virtual spaces to stay informed and communicate, receiving equipment to share educational and awareness content on gender-equitable platforms like TikTok, Facebook, and WhatsApp.

With their enhanced facilitation skills, network participants conducted quality peer-to-peer sessions in various settings. Their work received recognition of municipal authorities which positioned the networks as vital contributors to topics of violence and adolescent pregnancy prevention, leading to their involvement in decision-making and policy development at the municipal level. Several adolescent network members achieved leadership roles in their schools, Municipal Youth Councils, and local health committees, with members also participating in national platforms for adolescents.

Working with Women

EXPECTING COUPLES' CLUBS

This strategy aimed to establish clubs for expecting couples to share gender-transformative information about MNH, SRHR, GBV protection and related health services. The strategy involved four key steps: 1. Mapping pregnant women and WRA in communities, 2. Designing a working methodology, 3. Establishing a club in each municipality, and 4. Developing education sessions. Coordination with community leaders was crucial for credibility and support in targeting people. Collaboration with institutions like health officials, like health officials and the Bono Juana Azurduy program, was also essential for for session development.

After forming the clubs, a monthly training schedule was established. To motivate participation, focus was put on a **learning-by-doing approach,** combining practical knowledge with important discussions around maternal health care, danger signs during pregnancy, and post-pregnancy care, as well as gender roles and transformative masculinities. The discussions promoted men's participation in child care and active fatherhood, as well as fostering awareness of women's decision-making barriers in sexuality, pleasure, and childbearing. Techniques like using a false belly and Birth Plan booklets promoted empathy and respect of men for their partners. The hands-on activities included knitting, making shawls, and ecological sanitary pads.

The **Contextualized Baby Showers** activity also invited women and their partners to an informal space that emphasized the importance of active parenthood and accompaniment during pregnancy and childbirth. Finally, workshops were also conducted in **demonstration greenhouses** set up by the project, with female participants planting and harvesting vegetables, and male participants preparing a common pot to share during the harvest. Myths related to menstruation and its connection to planting and harvesting were addressed as well. At each process's end, a fair showcased participants' learnings and products.

Learn More

Gender ABCs for community greenhouse **sessions**

Gender equality for **community greenhouses**

Myths connecting planting and menstruation were addressed as part of community gardens.

Learn More

Facilitators Guide on SRHR with emphasis on SGBV

PREGNANT WOMEN AND WOMEN OF REPRODUCTIVE AGE (WRA) GROUPS

Capacity building spaces for WRA and Pregnant Women also sought to improve the knowledge and skills around SRHR, SGBV prevention, birth planning and gender norms and roles. The WRA groups consisted of women between 20 and 49 years old. Monthly educational sessions were conducted based on existing methodologies on GE and SRHR[12], but the participatory sessions particularly focused on the guide on SRHR with emphasis on SGBV developed for sessions with WRA.

Reinforcement sessions with women also utilized **Learning by Doing** approaches. Several of the groups generated established organizational structures integrating the methodology learning by doing as an activity in which discussions and reflections are interwoven with the practice of weaving, making ecological sanitary napkins and preparation of nutritious food, promoting greater and more consistent participation of women. They tackle important topics such as the demystification of taboos around menstruation, body appropriation, self-knowledge, and informed decision-making about their pleasure, sexuality and prevention on SGBV. WRA and pregnant women subsequently shared their reflections in public and private spaces, with family members, public servants of health, protection, and municipal authorities, seeking to be heard and that their needs are taken into account and respected.

“In my village, there is nothing or no one who encourages women. Since I participated in the training, I decided that other women can learn as I did, then I gathered 40 women, to form an association called ‘Flor de Illampu’, because we live near the hill of Illampu. Currently we have 20 active women, who participate in various workshops. My dreams for the future of the mothers’ association is to improve our economy, with the creation of microenterprises through family gardens where we produce vegetables and the production of eco-friendly sanitary napkins.“

— **Lourdes,**
Project Participant,
municipality of Achacachi, department of La Paz

[12] Warmi II SRHR methodology developed in Bolivia and Plan International’s “Planting Equality guide”.

Left: A session on menstruation with dignity in Achacachi. Right: Hands-on learning at a Fathers’ Club.

Working with Families & the Community

The strategies implemented with mothers, fathers, families and community leaders aimed to increase their capacity to promote and support gender-transformative SRHR for WRA and adolescent girls and boys, as well as protection against GBV in their communities.

FATHERS’ CLUBS

The goal of these men’s collectives is to transform traditional masculinities, engaging men as agents of change to dismantle patriarchal systems, address unequal power dynamics, and promote GE. The clubs include fathers of adolescents, expectant fathers, and fathers of newborns, among other men.

Initial difficulties in motivating participation were resolved through the integration of topics and activities that drew the attention of this group, including activities and customs such as local games and songs. Municipal workshops addressed five modules with men from various organizations and communities. Frequency varied, with some municipalities having monthly activities, others weekly, and some using existing local spaces. Sessions covered responsible parenthood, SRHR, family care, GBV prevention, equal roles at home, assertiveness, and intergenerational dialogue, supporting adolescents’ health and reproductive rights. The sessions included spaces for reflection and awareness and allowed participants to practice what they learned. Members showed positive attitudes, interest, and a willingness to share information with more peers.

Upon conclusion of this work, departmental events were held to strengthen the work, as well as one national event in which fathers had the opportunity to exchange experiences and strengthen their commitment. Two father groups implemented sustainability strategies, including forming alliances with municipal and community authorities for financial support to continue promoting awareness among peers.

Learn More

Fathers’ Club: **Training Guide** for Facilitators

Dad I’m counting on you: Positive masculinity **stories** written by fathers

Dialogue between different groups was essential to addressing the many challenging topics addressed by ARRIBA.

INTERGENERATIONAL DIALOGUES

The strategy aimed to promote the dialogues between adolescents and DNA-SLIM protection agencies, health care providers, community leaders, personnel in the education sector, women's organizations, and family members, among others. Adolescent networks played a key role in facilitating the exchange of intergenerational experiences. By creating these spaces, it was possible to analyze different inter-institutional and intergenerational perspectives on the topics addressed by the project. Regarding their role in SRHR and MNH, these meetings became safe places where both adolescent and adult women and men could discuss and reflect on SRHR, MNH, the importance of accessing Comprehensive Differentiated Care for Adolescents services (AIDA), including contraceptive methods with an intercultural and intergenerational approach, questioning adult-centrist ways of thinking and machista biases in the topics discussed.

The intergenerational dialogues were also conducted with mothers, fathers and leaders, and the adolescents were able to share comments on the barriers and risks they face in exercising their SRHR, unwanted pregnancy, and their right to consent in sexual relations. According to the leaders, mothers and fathers, these intergenerational dialogues led to greater closeness, strengthened family relationships, promoted assertive communication, and a better understanding of the problems and needs of young people. Moreover, this helped the fathers and mothers understand the project activities and give their authorization for their children to be part of the network. During the COVID-19 lockdown, virtual intergenerational dialogues became a key strategy to engage adult family members. This approach was effective because adolescents were more adept at participating in digital activities and could involve the rest of the family.

Representatives from the women's organization Bartolina Sisa participating in an ARRIBA edutainment activity.

TRAINING COMMUNITY LEADERS ON ENABLING A PROTECTIVE ENVIRONMENT AND SETTING UP ACTION PLANS

Community leaders played a crucial role in the project, given their responsibilities outlined by Bolivian law. They are tasked with identifying, providing initial attention to, and reporting cases of rights violations in the community. This made them pivotal in addressing teenage pregnancy and preventing violence.

Designing a strategy focusing on community leaders and women's organizations was crucial. The first step involved mapping and identifying these entities in different project communities. Leaders and womens' group representatives were then invited to training sessions in collaboration with various government institutions, including the Autonomous Municipal Government, DNA, SLIM, FELCV, and health personnel. During the pandemic, alternative strategies such as radio talks, small group WhatsApp meetings, and Zoom sessions were implemented due to the difficulty of reaching community leaders and women's organization representatives.

The training covered topics like the role of community leaders in ensuring SRHR, including MNH, protection against GBV (emphasizing sexual violence prevention), types of violence under Law 348 on GBV prevention, referral routes, and gender roles and stereotypes. Participatory teaching methods and audiovisual case studies were used to foster integration and exchange experiences. The workshops helped leaders and women understand their roles, mandates, and obligations in preventing and protecting against GBV/SGBV, as well as promoting gender-transformative SRHR. Community leaders and women's organizations gained the necessary inputs to identify cases of violence, references, information on protection stakeholders, and additional knowledge on types of violence and the critical path for denouncing violence.

Community leaders and women's organizations were also involved in the contextualization process of municipal critical routes for handling SGBV cases explained in the governance section, enhancing their understanding of their roles and mechanisms in activating the health and protection system, enabling them to better guide SGBV survivors in accessing available services. Multisectoral coordination served as a key strategy to connect community plans and pathways to GBV/SGBV.

Apart from training, events were organized to facilitate the exchange of experiences among community leaders, coordinating with health personnel, education sector authorities, social organizations, and adolescent and youth groups. This aimed to positively reinforce their roles in SRHR, MNH, and protection against GBV.

Learn More

Methodologies for the prevention, response and denouncing SGBV for community leaders

Learn More

[Adolescent Guide](#) for safe use of social networks

[Flyers](#) on project key messaging

La Curvita radio [soap opera](#)

Bringing the Community Together

Strategies involving all community members were developed to enhance the capacity of families, community members, and leaders (especially men) to promote and support gender-transformative SRHR for WRA, adolescent girls and boys, and protection against GBV within their communities.

COMMUNITY EDU-ENTERTAINMENT ACTIVITIES

The goal of community-based edutainment activities was to share key project messages in playful community spaces. These activities were coordinated with various stakeholders, including education sector directors, health personnel, DNAs, SLIMs, and community authorities. Champions of Change and Adolescents networks led these spaces.

Using games and participatory dynamics, the activities aimed to disseminate messages on gender equality and sexual and reproductive health and rights. Sensitization efforts focused on gender roles and stereotypes, women's participation and leadership, and GBV prevention, especially SGBV and positive masculinities. Various methodological strategies, such as social soccer, floor games, dance contests, parades, bicycle races, marathons for couples, dramatizations, were employed. These activities garnered significant participation from families in the communities, and parents expressed satisfaction, particularly regarding preventing unplanned adolescent pregnancies and SGBV.

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION (SBCC) STRATEGY

This strategy aimed to create and share SBCC messages focusing on SRHR, MNH, and protection (especially against GBV) for adolescents, WRA, and pregnant women. In the initial phase, the project collaborated with the Ministry of Health and health service representatives to collect and review materials, with project technical teams leading the initial messaging design.

Subsequently, in response to the COVID-19 context and with strengthened adolescent networks, additional SBCC messages were developed collaboratively by and for adolescent boys and girls. This enriched the dissemination of messages tailored to their experiences, benefiting the broader population by promoting SRHR, women's participation, and GBV protection. The SBCC efforts also imparted knowledge about government policies, programs, and procedures supporting SRHR, MNH, and GBV prevention, while encouraging the utilization of appropriate health services. Messages were disseminated across various platforms, including TikTok, Facebook, WhatsApp, radio, among others.

[Learn more](#) about the soccer with a purpose initiative.

Demand-Side Results

Adolescents

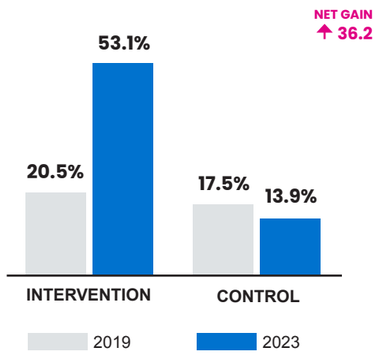
The charts below present the evolution of indicators measuring adolescent agency in relation to SRHR, from project start to finish. This data was collected not only for adolescents in the ARRIBA intervention communities but also for a control group originating from similar communities to those where the project was implemented. This inclusion of a control group that was not part of the intervention provides a clearer insight into the project's impact.

By examining the net gain in indicators of adolescent agency on SRHR between the intervention and control groups, calculated through a difference-in-difference approach[13], we observe a positive difference favoring the ARRIBA communities for all but one measured indicator of adolescent agency. **The ability to compare progress on indicators with a control group and identify a net gain strongly attests to the positive impact of the ARRIBA intervention on adolescent SRHR.**

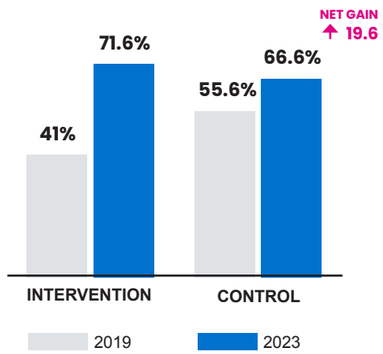
Thousands of adolescent girls and boys participated in the ARRIBA Project, developing their agency, and empowering them to exercise their rights. [See more](#) about how ARRIBA empowered youth.

[13] In a difference in difference approach, changes experienced between baseline and endline for the control municipalities are deducted from changes between baseline and endline in the treatment municipalities. A positive difference (net gain) in favour of the intervention communities is a good approximation of a positive impact of the intervention.

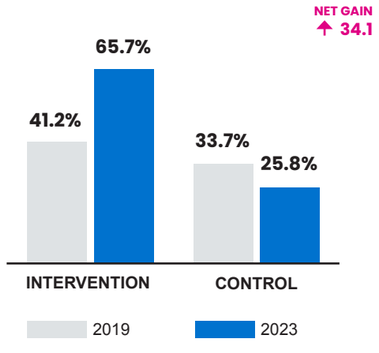
1100b. Percentage of Adolescents Who Received SRH Services by Skilled Health Provider in Last 12 Months



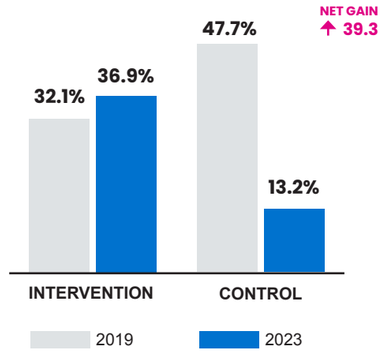
1100c. Percentage of Adolescent Girls Who Decide to Use Modern Contraception Alone or With Partner



1100e. Percentage of Adolescent Girls Who Identified a Risk of Violence and Required Help



1100f. Percentage of Adolescents Experiencing Tangible Support for Exercise of SRHR From Family



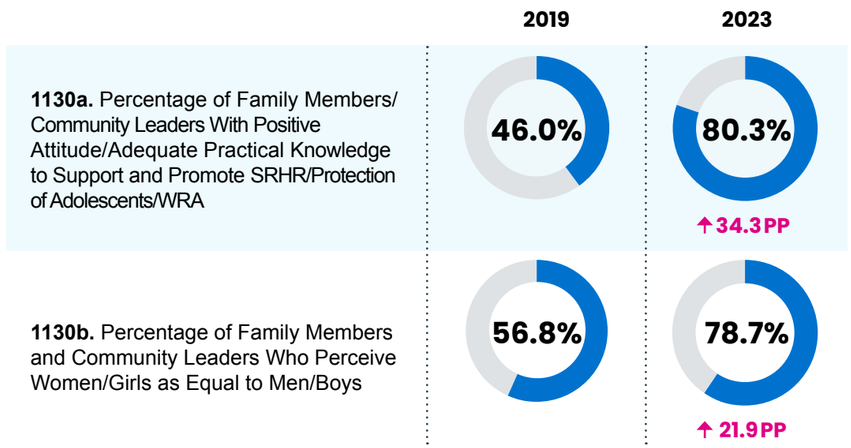
WRA & Pregnant Women

Positive results can also be seen on these same indicators in the case of pregnant women and WRA.

	2019	2023
1100a. Percentage of Pregnant Women/WRA With Adequate Decision-Making Regarding SRH and Their Protections	28.5%	59.7% ↑ 31.2PP
1100c. Percentage of WRA Who Decide to Use Modern Contraceptive Method, Alone or Jointly With Partner/ Husband	37.9%	97.8% ↑ 59.9PP
1100d. Percentage of WRA Who Received Antenatal-Care (ANC) by a Skilled Health Provider at Least 4 Times During Pregnancy	84.2%	89.3% ↑ 5.1PP
1100d. Percentage of WRA Who Identified a Risk of Violence and Requested Help	30.8%	66.7% ↑ 35.9PP
1100f. Percentage of Pregnant Women/WRA Experiencing Tangible Support for the Exercise of their SRHR From Family	21.1%	48.4% ↑ 27.3PP

Community Leaders & Family Members

Finally, progress is also visible in more supportive attitudes of family members and community leaders on SRHR and gender equality.



An ARRIBA Champion of Change facilitating an SRHR edutainment session for community members in the Culpina municipality.

5.2 Supply: Strengthening SRH / MNH Services

The second intermediate outcome, *Improved delivery of high-quality gender-responsive, protective, adolescent-friendly, culturally-sensitive, and environmentally-aware MNH and SRH services to WRA and adolescent girls and boys* was achieved by primarily working with the Ministry of Health and decentralized health services, strengthening the capacities of the health system, including the competences of health care personnel and Traditional Birth Attendants (TBAs), and equipping and refurbishing the facilities in the project intervention areas, making the services gender responsive, adolescent friendly and culturally inclusive.

Furthermore, work on strengthening the agency of adolescent girls and adult women to exercise their SRHR was complemented by working towards building up a supportive environment through the engagement of men, boys, traditional leaders, and community members to change the entrenched harmful social and gender norms that are barriers of SRHR. Some strategies to increase the utilization of SRH services also involved close collaboration with the Ministry of Health.

Activities were delivered face-to-face, in schools (as an extra-curricular activity) and in community spaces. During the COVID-19 pandemic and strong quarantine measures in place, the activities were also adapted to online teaching methodologies.

Supply-Side Strategies

Training Health Personnel

The strategy aimed to train health personnel in delivering high-quality, gender-responsive, culturally sensitive, adolescent-friendly, and environmentally aware maternal and newborn health and sexual and reproductive health services. Training occurred through various methods, such as training sessions and hands on workshops, in coordination with the Ministry of Health, SEDES, and Marie Stopes International. Educational sessions on MNH covered care aligned with WHO/MOH standards, intercultural care, and emergency obstetric care. This approach aimed to strengthen

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Guide on adolescent self-care

their knowledge of the international and national normative framework related to intercultural health and develop expertise and skills for culturally-sensitive prenatal, childbirth, postpartum, and newborn care. Educational sessions on MNH covered care aligned with WHO/MOH standards, intercultural care, and emergency obstetric care. This approach aimed to strengthen their knowledge of the international and national normative framework related to intercultural health and develop expertise and skills for culturally-sensitive prenatal, childbirth, postpartum, and newborn care.

Strengthening SRH services involved training on gender-responsive and inclusive care for adolescents. This encompassed administering long-duration contraceptives (IUD and implants), addressing gender-based violence, providing clinical care for survivors of sexual gender-based violence, and handling legal termination of pregnancy. Practical demonstrations included AIDA care, certification requirements, good practices, and adherence to COVID-19 prevention and service standards during the pandemic. Healthcare personnel were encouraged to reflect on providing gender-responsive services without age, gender, or sexual orientation biases.

“Before the project, I treated [the teenagers] like a normal patient and just answered their questions. Also, teenagers were required to come with their parents or have adult present. Once I had to provide care to a pregnant teenager, and I asked her to come with her mother or father. And when they came, I did the control, I gave her instructions and nothing else. When considering this implementation by the ARRIBA Project, I found it very interesting to have specific and differentiated attention for adolescents, because it touches on important and exclusive topics for them.”

— **Bernarda,**
Project Participant and lead doctor,
AIDA centre in Batallas

Health workers preparing to conduct home visits during the COVID-19 pandemic.

Self-Training APP for Healthcare Personnel

Originally conceptualized as part of ARRIBA’s support to the pandemic response, AppRendes serves as a digital platform for online training of health personnel. It enables the development of training materials for self-learning, particularly beneficial for health personnel unable to attend in-person training or operating in remote areas.

The platform includes both a mobile version and a progressive web application. This application incorporates interactive elements like flowcharts, diagrams, and videos, facilitating updates and the addition of new topics. It allows for module-based evaluations and can be used offline during training. The platform was handed over to the Ministry of Health (MOH), and staff received training on its use and operation. This innovative technology supports the health system in remote contexts and emergencies like that of the COVID-19 pandemic. It also addresses the challenges of high staff turnover in rural areas.

Training Traditional Birth Attendants

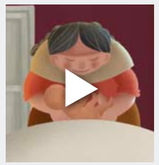
In the indigenous nations, including the Aymara and Quechua regions of Bolivia ARRIBA was implemented in, traditional medicine and the role of traditional midwives are highly esteemed. TBAs play a crucial role during pregnancy and childbirth, serving gestating women as the initial point of contact and the first to identify any signs of risk during pregnancy. The project proposed an intercultural health approach recognizing and integrating the traditional practices of indigenous cultures into the conventional health care model, aiming for more culturally appropriate services.

Learn More

[Promotional video](#) of the traditional midwives course

[Hear more](#) about the training and recognition of TBAs of the traditional midwives course

Revalorization of ancestral practices [campaign video](#)



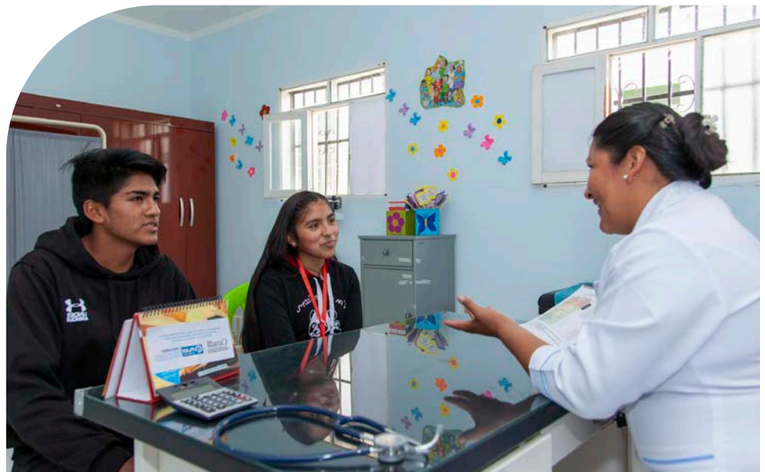
To implement this strategy, several activities were undertaken:

- **Mapping** of traditional birth attendants in the communities.
- **Advocacy for the application of Law 459** by healthcare services, encouraging the incorporation of traditional medicine practices and greater recognition of traditional birth attendants and traditional doctors at the municipal level. The project also supported a national-level campaign revalorizing these ancestral practices.
- **Methodology design** for training sessions and the creation of a platform with a self-paced virtual course for TBAs, which became part of the local certification requirements and was handed over to MoH.
- **Implementation of training sessions.**
- **Supporting certification of TBAs** in collaboration with the Vice Ministry of Traditional Medicine of the MoH.

Training sessions and workshops covered various topics, including identifying obstetric risks, biomedical care during childbirth and traditional medicine, risks during pregnancy, childbirth, and postpartum, antenatal and postnatal care, types of GBV/SGBV identification and reporting, newborn care, and COVID-19 prevention and containment strategies during the pandemic.

The work of TBAs proved invaluable in communities where services closed, doctors were unavailable, or health services were inaccessible. Task shifting to these community personnel prevented complications and adverse health outcomes for mothers and children.

Efforts to provide Comprehensive Differentiated Care for Adolescents (AIDA) included feedback from adolescent girls and boys to better understand their needs.



> **Before the project, they only called us from the hospital once a year, and I cannot improve my knowledge. But now I am learning many things, including warning signs during pregnancy that require immediate referral and accompaniment of women to the health services, how to measure dilatation, signs that indicate that a patient is already in labour, among others."**
>
> — **Eduvina**

Equipping and Refurbishing Health Facilities for the Provision of Inclusive Intercultural MNH and SRH Services

The strategy had two primary objectives: firstly, to adapt and equip healthcare facilities to provide Comprehensive Differentiated Care for Adolescents (AIDA) services that are gender-responsive, culturally-sensitive, and environmentally-aware. Secondly, it aimed to equip and refurbish delivery rooms with an intercultural approach. Five activities were undertaken to achieve these objectives:

- **Health Facility Assessments (HFA)** assessed resources, supplies (including contraceptives), equipment, services provided, the condition of infrastructure, and privacy in clinic spaces.
- **Equipment and supplies** were delivered to healthcare facilities based on HFA needs to enhance AIDA services and maternal delivery rooms. Educational printed materials were provided for doctors and patients attending the clinic, covering all aspects of SRHR, including information about modern contraceptive methods.
- **Support was given to AIDA centers for their accreditation** by the Ministry of Health (MOH), including assistance in the MOH evaluation process.
- **Delivery rooms were refurbished** with an intercultural approach, TBAs in the process. AIDA centers were also refurbished to provide confidential, appropriate, accepted, and inclusive services.
- **Promotion of culturally-sensitive delivery rooms** occurred through radio spot broadcasts and the implementation of appropriate signage. The promotion of AIDA services was done at schools level and through the SBCC campaign strategy.

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[Watch a video](#) on the Teleconsultancy pilot program, training community members on how to use the app as patients

Teleconsultancy Pilot

The ARRIBA Project provided technical assistance to the Ministry of Health for the implementation of the National MNH/SRH Contingency Plan in the Context of the COVID-19 pandemic. This assistance included the development of the Tele-consultation system. The Teleconsultancy Pilot Strategy involved the development of an app for conducting medical consultations by telephone or online to pregnant women. It was intended for situations where in-person consultation was not possible, or the health system is disrupted or overwhelmed, and Information and Communication Technologies were available. The tool was designed in collaboration with the Ministry of Health and included an application for pregnant women to contact health care providers that program a consultation with an available doctor and or center. The teleconsultation was tested as a pilot project in ARRIBA municipalities. Once the app was ready to launch, training was provided to public servants in the healthcare sector, in coordination with various agencies. Pregnant women were also trained in the use of the teleconsultation application as patients. This innovative alternative service provision and framework for its use has now been transferred to the MOH, awaiting possible scale-up.

Mobile Services Conducted by Marie Stopes

Mobile and remote health care was a priority — providing care to those who may be overlooked.

In partnership with Marie Stopes International Bolivia (MSIB), the ARRIBA project implemented strategic initiatives to promote the uptake of long-acting modern contraceptives at the municipal level. Collaborating with the MoH and departmental health services (SEDES), MSIB specialists trained healthcare staff in the application of subdermal implants, intrauterine devices (IUDs), and other contraceptive methods. This effort resulted in the certification of healthcare personnel for the effective delivery of modern contraceptive services.

Simultaneously, comprehensive actions were undertaken to raise awareness and confront taboos on the use of these methods, encompassing communicational campaigns, outreach sessions in schools, and access to MSIB free consultation clinics and toll-free hotline for counseling. These efforts were followed by the implementation of mobile contraception campaigns in 12 municipalities, offering long-acting contraceptives. The campaigns successfully led to a considerable number of users opting for subdermal implants, especially among young individuals aged 14 to 20.

Mobile clinic in a remote area of Bolivia.

Home Visits

The ARRIBA-supported home visit strategy, developed in collaboration with MoH staff, focused on providing essential health care to adolescents, women, and families with young children in remote communities. The visits aimed to detect danger signs in pregnancy, promote MNH, SRHR, and report GVB and SGBV cases, with logistical support from ARRIBA, including fuel, food, and hygiene kits for the mobile health brigades.

The methodology involved informative meetings with household members using booklets, flipcharts, and updated Family Charts from health centers, prioritizing visits based on family needs. The strategy included the development an adolescent care card, now included as part of the package of services and information for adolescents endorsed by the Ministry of Health and the Pan American Health Organization.

To address the strain on the health system during the COVID-19 pandemic, with the project's support, alternative SRH services were provided through mobile health units in the 12 intervention municipalities. These units offered comprehensive care, information, and health promotion, particularly for adolescents, women of reproductive age, and pregnant women in remote areas with limited healthcare access. The visits also facilitated the identification of new pregnancies and newborns, providing essential MNH services and information on GBV/SGBV referral routes, along with hygiene kits and guidance on pregnancy-related danger signs. Adolescents also received health kits with condoms and sanitary pads, as well as information booklets on SRH and comprehensive adolescent health developed by the project.

Birth Plans

The drafting and implementation of birth plans at the community and individual levels aimed to identify: how community members supported pregnant women and their families, such as by providing transportation to health facilities, offering childcare assistance for pregnant women during and after childbirth, or identifying families that did not attend health services.

The individual birth plans encouraged women them to make decisions regarding the type of birth they preferred (traditional or biomedical). It also promoted the birth planning process, considering the needs and rights of women, and encouraged the active participation of partners throughout the gestation process.

Adolescents during an informative session on SRH at an AIDA center.

Supply-Side Results

Despite the challenging implementation context in the midst of the COVID-19 pandemic, the project interventions strengthening health services provided positive results on user levels of satisfaction, improvement in the quality of services, the provision of modern methods of contraception and its availability to adolescents. It is also worth noting an element not tracked through project measurements, which is the formal AIDA certification of the 52 health services supported by the project by MoH.

	2019	2023
1200a.* Level of satisfaction of Adolescents With the Quality and Responsiveness of SRH Services Provided by Health Facilities	48.4%	56.6% ↑ 8.2 PP
1200b. Average Level of Satisfaction of Pregnant Women With the Quality and Responsiveness of MNH Services Provided by Health Facilities	41.2%	76.2% ↑ 35 PP
1200c. Percentage of Targeted Health Facilities Providing High-Quality, Gender-Sensitive and Adolescent-Friendly, Culturally-Sensitive MNH/ SRH Services to WRA/Adolescents	22.0%	46.0% ↑ 24 PP
1200d. Percentage of Targeted Health Facilities Operating With Referrals Pathways and Care Services to Survivors of GBV/SGBV & Obstetric Emergencies/Abortions	36.0%	78.0% ↑ 42 PP
1200e. Percentage of Mothers and Newborns Who Received Postnatal Care Within 48-72 Hours of Childbirth	95.6%	100% ↑ 4.4 PP
1200f.* Percentage of Births Attended by Skilled Health Personnel	71.3%	80.3% ↑ 9 PP
1200g. Percentage of Primary Service Delivery Points Within at Least 3 Modern Methods of Contraception Available on the Day of the Assessments	74.2%	90.2% ↑ 16 PP
1200h. Percentage of Primary Service Delivery Points That Provide Modern Methods of Contraception to Adolescents	77.4%	100% ↑ 22.6 PP

* For these indicators, midterm evaluation data is presented as the starting point of comparison, instead of the baseline evaluation data, as the results had dropped significantly due to the COVID-19 pandemic.

5.3 Accountability: Promoting Advocacy for Enhanced Responsiveness of Local Health Governance Systems

The third intermediate outcome, *Enhanced responsiveness of local health governance systems for the delivery of evidence-based, culturally-sensitive, adolescent-friendly and gender-responsive MNH and SRH services*. To achieve this outcome, two main actions were carried out: enhancing the capacity of adolescent networks and women for evidence-based advocacy and strengthening participative local health governance.

Accountability Strategies

The strategies developed in this outcome were divided into two groups: one with the aim of strengthen participative local health governance and the other to enhancing the capacity of adolescent networks for evidence-based advocacy. Each methodology described in detail below.

For the design of these strategies, the project worked with and strengthened existing local processes, such as community CAIs, municipal health platforms, and SAFCI structures, rather than introducing unfamiliar and unsustainable new organizations.

Doctor sharing information on sexual and reproductive health during a community fair.

Strengthening Participative Local Health Governance

TRAINING MUNICIPAL PUBLIC SERVANTS AND DEVELOPING MUNICIPAL HEALTH PLANS AND BUDGETS WITH AN SRHR FOCUS

The main aim of this strategy was to empower health sector and municipal stakeholders in crafting Municipal Health Plans (PMS) focused on the SRHR of adolescents and women using participatory approaches. To achieve this, initial training sessions were conducted to identify community needs and demands related to SRHR in collaboration with Health and Social Services (HSS) and municipal public officials. Active involvement of adolescent men and women, women's organizations, traditional birth attendants, and traditional doctors was sought during these sessions. Subsequently, the project formulated instruments and methodologies for creating Municipal Health Plans with an SRHR focus, adjusting, validating, and socializing these tools alongside procedural guidelines to aid municipalities in their PMS preparation.

In partnership with the Ministry of Health and the SEDES, the project assisted 12 municipalities in crafting their Municipal Health Plans and associated operational plans with a specific emphasis on SRHR. The training activities targeted healthcare personnel and public officials, including those responsible for planning, finance, social councils, mayors, and health management. This training positively influenced decision-making related to planning and budgeting for health prevention and promotion actions. The plans saw extensive participation from adolescents, the Health Social Structure, municipal authorities, healthcare personnel, and women's organizations.

FOSTERING INTERINSTITUTIONAL COLLABORATION FOR DEVELOPMENT OF MUNICIPAL ROADMAPS FOR COORDINATED PREVENTION, CARE AND REPORTING OF SGBV

The aim of the strategy was to contextualize the critical roadmap for the care of survivors and reporting of SGBV at the municipal level. To achieve this, the initial step involved reactivating interinstitutional networks dedicated to combating violence in the 12 municipalities. Various events were conducted at the municipal and departmental levels to highlight gaps in the quality of SGBV services for survivors and the critical reporting path, with validation from adolescents, local female authorities, healthcare personnel, DNA, SLIM, police, and civil society organizations in each municipality. Through these initiatives, identified gaps were rectified, and action plans were executed under the guidance of representatives from Health, Protection, and Municipal Government. The project-backed process streamlined collaborative approaches for mapping gaps, reassessing roles and responsibilities, and devising collective solutions with the participation of communities and CSOs. To ensure ongoing collaboration

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Example of a contextualized critical roadmap from the Batallas municipality

Youth-led Political Advocacy Plans in La Paz

ARRIBA worked to coordinate with 12 municipalities to craft health plans emphasizing SRHR and SGBV.

beyond the ARRIBA project, stakeholders requested regular meetings convened by DNA/SLIM to continue coordinated efforts in preventing and responding to GBV cases.

The contextualized roadmaps were disseminated to local communities, involving various protection entities such as municipal councils, SLIM/DNA, and FELCV. The attention paths were presented on banners and triptychs, distributed for use in health facilities, bus terminals, and community spaces.

STRENGTHENING INFORMATION ANALYSIS COMMITTEE (CAI) SPACES

The health information community committees (CAIs) serve as existing community spaces where leaders, Community Health Workers (CHWs), and health service providers gather to analyze health information and propose action plans to address community health issues. Information, gathered by health personnel and volunteers (CHWs, Traditional Birth Attendants, traditional doctors, and community leaders), is documented and transferred to the HMIS.

ARRIBA supports this health sector strategy by strengthening CAIs and municipal health platforms to monitor MNH and SRH outcomes and promote SRHR activities locally. The project involves training community leaders, encouraging increased participation in CAIs to plan actions around SRHR, MNH, and GBV prevention. The health information generated helps communities and Women Organizations demand improved services from the municipal government. These activities involve various stakeholders, including DNAs/SLIMs, police, health personnel, SAFCI doctors, and adolescent networks, fostering a community space for sharing experiences and promoting accountability.

Adolescents administering the community scorecard.

Left: A community leaders meeting. Right: A traditional doctor receiving his certification from the Ministry of Health.

Enhancing Capacity for Evidence-Based Advocacy

YOUTH AND WOMENS' GROUPS ADVOCACY TRAINING

This strategy aimed to empower adolescent networks and women's community organizations in participation, accountability, and evidence-based advocacy on SRHR. The approach involved two key components:

Firstly, **for adolescents, the focus was on enhancing their knowledge and agency**, especially among girls participating in adolescent networks. Training sessions in advocacy and participatory management equipped them to generate ideas, proposals, and actions for their development and advocacy. They engaged with authorities, presenting advocacy plans, participating in municipal decision-making, and influencing regulations and budget allocations in Annual Operating Plans for improved SRH services.

Secondly, f**or women's groups, the project emphasized building capacity in participatory management**, particularly in municipal planning and budgeting for SRH. Women received training in leadership, accountability, and advocacy strategies related to MNH and SRHR. This resulted in the development of advocacy plans and active participation in decision-making processes. Notably, some training and advocacy activities were conducted concurrently with both adolescent and women's groups.

COMMUNITY SCORECARD (CSC)

The ARRIBA Project adapted and implemented the Community Scorecard (CSC) methodology, focusing on SRHR. This tool facilitated a participatory social audit to assess the access and quality of public health services, incorporating perspectives from adolescent networks, women's community organizations, service users, and providers. The CSC allowed a joint analysis of service provision issues, considering gender perspectives, user-friendliness, cultural sensitivity, and compliance with rights. It provided immediate feedback to service providers, enabling systematic improvements and addressing community-identified problems.

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Community Scorecard Metodological **Guide**

To execute this strategy, a standardized CSC methodology for SRHR was developed and transferred to project technical teams. Subsequently, a methodology transfer course was conducted for adolescents and women's community organizations to apply CSC monitoring mechanisms in assessing the quality of basic SRH and MNH services. Monitoring and intervention workshops were held to analyze CSC results, fostering engagement among the network of adolescents and women's organizations in the process. CSC findings were presented in different community spaces informed advocacy plan development.

COMMUNITY SURVEILLANCE SYSTEM (SVEC)

Prior to ARRIBA and in collaboration with the SNIS, Plan International Bolivia developed the Community Epidemiological Surveillance System for Maternal and Neonatal Health (SVEC), as part of the plan to accelerate the reduction of severe obstetric morbidity and maternal and newborn mortality in Bolivia. This Android-based system serves to gather information on maternal and neonatal events in both rural and urban communities. Comprising an application for community monitors and a web-based interface for healthcare personnel, it allows real-time tracking of data disaggregated by various levels. With functions such notifying health centers of pregnancies, deaths, and other epidemiological events, the SVEC system was piloted in the 12 municipalities of the ARRIBA project. Additional ideas were explored for the inclusion of other SRH services and for reporting GBV risks. This initiative, involving 77 community monitors and 84 trained health workers, demonstrated the effectiveness of community involvement and information and communication technology in MNH surveillance. The pilot's success offers valuable insights for the potential national expansion of the SVEC system within the SNIS framework.

Traditional midwives and doctors of the municipality of Ravelo receiving the necessary medical equipment for home visits to patients.

Accountability & Governance Results

Results presented in the table below highlight significant progress in relation to the proportion of participants in local health governance meetings who belong to adolescent and women community-based groups, increase of municipal ordinances in support of SRHR and public engagement activities completed by adolescent and women's community networks, as well as their competences to engage in these activities.

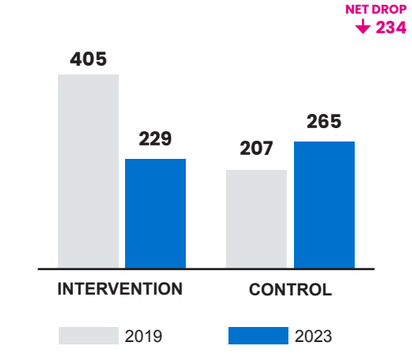
	2019	2023
1300a. Proportion of Participants in Local Health Governance Meetings That Belong to Adolescent and Women Community-Based Groups	14.8%	23.0% ↑ 8.2PP
1300b. Number of Ordinances Issued by Municipal Autonomous Governments in the Last 12 Months That Specifically Support SRHR of Adolescents, Pregnant Women and WRA	3	13 ↑ 10
1300c. Number of Advocacy and Public Engagement Activities Completed by Adolescent and Women's Community Networks	0	190 ↑ 190
1320a. Percentage of Adolescent and Women Leaders With Adequate Practical Knowledge in Evidence-Based Participation and Advocacy	61.0%	83.0% ↑ 22PP

5.4
Final Results: Improved SRHR and Reduced Maternal and Newborn Mortality

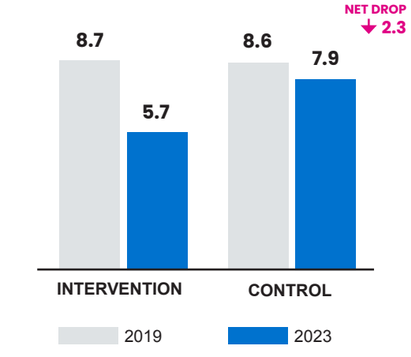
At its ultimate outcome level, the ARRIBA project sought out *Improved Sexual and Reproductive Health and Rights for adolescent girls, WRA and pregnant women, including reduced maternal and newborn mortality, among vulnerable populations in Bolivia*.

Results below highlight significant improvements at the level of ARRIBA municipalities when it comes to the frequency of maternal deaths and neonatal deaths, as well as adolescent pregnancies and the prevalence of STIs. Even more significantly, when progress in ARRIBA municipal data for these indicators is compared to neighbouring municipalities with similar characteristics[14], **there is a clear net drop achieved by the ARRIBA intervention areas, alluding to the positive impact of the intervention.**

1000a. Number of Maternal Deaths Per 100,000 Births in Target Municipalities

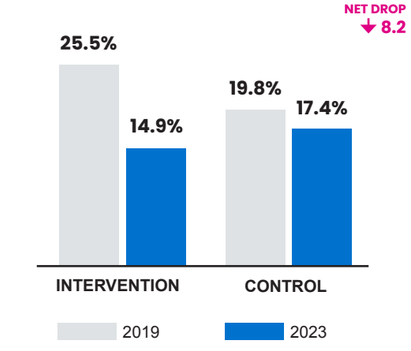


1000b. Number of Neonatal Deaths Per 1,000 Births in Targeted Municipalities

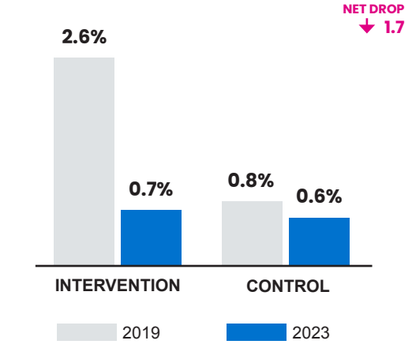


[14] This data comes from the National Health Information System, which enabled the comparison.

1000c. Percentage of Pregnant Women That Are Adolescent (15–19 Years Old)

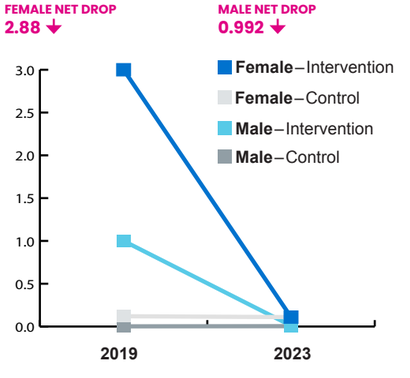


1000c. Percentage of Pregnant Women That Are Adolescent (10–14 Years Old)

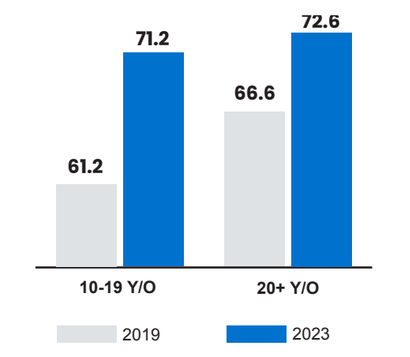


The success of ARRIBA's gender transformative approach to programming is shown in the important improvements in the women and girls empowerment index.

1000e. STI Rate Per 1,000 Among Adolescents



1000f. Average Score of the Women & Girls Empowerment Index (WGEI)



Section 6
Sustainability

ARRIBA was designed and implemented with a focus on the sustainability of its activities and results, so that the achievements in SRHR can be maintained beyond its completion. Sustainability was ensured through actions strengthening individual, community as well as institutional capacities targeting improvements to SRHR of adolescents and women.

Individual Level

The project sought to improve the agency and decision-making of women and adolescent girls and increase the involvement and support of the men and adolescent boys in the promotion of SRHR, focusing on promoting adolescent girls and boys as agents of their own development.

It set to achieve this through strengthening their knowledge and capability to make informed decisions related to SRHR, as well as through breaking down harmful gendered social norms that drive and perpetuate unequal power dynamics. This component of the sustainability strategy also recognized the importance of disrupting unequal relations between men and women at this very important stage of life, and the essential role of men and boys in sustainable change. Empowering women and adolescents as leaders will open a more balanced perspective in the identification of health priorities, allocation of resources and health planning. Training programs sought to build knowledge, skills and confidence through continued learning and reflection.

Promoting sustainability required gender, protection, and intercultural approaches implemented from an intersectional lens.

Strategic actions to highlight at the individual level are the following:

- Through comprehensive sexuality education with a gender equality approach, the personal, leadership and life skills of adolescents and adult women were strengthened.
- The agency of adolescent girls and young women was strengthened to influence their families, communities and municipalities and ensure an enabling environment for the realization of their SRHR.
- Worked with adolescent men to challenge harmful gender norms, roles and stereotypes. Ensured the involvement of men, especially young men, in the promotion of gender equality through the recognition, appropriation and multiplication of inclusive, respectful, egalitarian and non-violent masculinities.
- The work strengthening the adolescent networks resulted in networks putting acquired competencies into practice, becoming advocates for municipal laws to counter violence against girls and women, pregnancy prevention and youth participation. Additionally, network members are ensuring network continuity through integrating new, younger teenagers into network activities, prior to older members leaving the network. The project also provided management and fundraising training and materials to network members, to support their sustainability.

Family Level

Changes at the individual were supported by working with families and community members, involved in reflective processes seeking to change social norms that perpetuate gender inequalities and prevent the enjoyment of SRHR.

The project undertook this through home visits, strategic communications, community events and information sessions aimed at pregnant women, including pregnant teenagers and their partners / families, focusing on the deconstruction of existing stereotypes, and understanding on how to access institutional services for protection against GBV.

Social football was a successful community engagement activity that challenged gender-stereotypes, granting girls and women a space to enjoy the game.

Strategic actions to highlight at the family level are the following:

- Intergenerational dialogue was fostered between adolescents and their parents, strengthening communication in families on SRHR issues.
- Training was provided on sexuality, family planning and the prevention of gender violence, aspects that are not frequently addressed within families.
- The construction of positive masculinities and active fatherhoods (fathers' clubs, demonstration gardens and social soccer) allowed the introduction of these behaviors in daily practices in the communities. The work initiated with the fathers' clubs, which contribute to the construction of a transformative masculinity and have identified strategies and allies to continue meeting and influencing local authorities, is noteworthy.

Community Level

ARRIBA worked on improving the expertise of health service providers to offer culturally appropriate and adolescent-friendly care with a gender perspective at different levels, including at the household level.

Project interventions strengthened the capacity of community members and increased their organization to promote evidence-based decision-making in planning and oversight, as well as demanding actions and services related to SRHR and protection against GBV. Sustainability was also promoted through the enhanced ability of adolescent networks and women's organizations to undertake informed advocacy on exercising SRHR.

Strategic actions to highlight at the community level are the following:

- Advocacy plans were developed and communicated to government officials, bringing their voices into municipal planning and decision-making.
- The strengthened adolescent networks and women's organizations remain and continue in communities after the project, ensuring continuity of the actions.
- The project worked with existing local processes and reinforced them, such as community CAIs, municipal health platforms and SAFCI structure, rather than introducing unfamiliar and unsustainable new organizations. Work with the SAFCI was strengthened in the community information analysis committees CAIs for the analysis and resolution of problems focused on SDSR and SMN (e.g., community birth plans).
- The inter-institutional dialogue articulating social organizations, protection institutions and community leaders reinforced coordination and response mechanisms to GBV at the municipal level.

Institutional Level

MoH staff from the local to the national level have participated in the project design and implementation to ensure sustainability and ownership of the interventions within the framework of existing public policies and protocols. This consultative process helped to identify the needs and gaps in the provision of SRH and MNH services, as well as aligning project design to current MoH priorities and strategies (including support to the COVID-19 contingency plan to provide continuity of SRH services).

Through the annual Project Steering Committee (PSC) meetings and municipal project management committees, ARRIBA staff ensured ongoing coordination with the government. Plan supported health service providers to incorporate gender-responsive and adolescent-friendly interventions through training, referrals and supportive supervision and project outcomes are showing that improved health services contributed to increased and sustained demand for SRH services.

Strategic actions to highlight at the national level are the following:

- Development of national protocols and guidelines for action (AIDA modules, birth plans with an intercultural approach, guide on self-care and detection of risks in adolescents, Guide on network safety for adolescents, among others).
- In partnership with the MoH and SEDES, the technical and operational capacity of health personnel was strengthened

to provide comprehensive, timely and respectful care to users.

- The project contributed to the adequate provision of supplies and equipment to improve accessibility to quality care, as well as their management. (AIDA centres and intercultural delivery rooms).
- Self-training platforms were implemented for health personnel and traditional midwives and doctors.
- Piloting the tele-consultation system for pregnant women.
- The project contributed to the implementation of national public policies such as the Sectoral Plan for Integral Development to Live Well, the Strategic Plan for Sexual Health and Reproductive Health, as well as the Contingency Plan for Maternal Health in Bolivia in the context of COVID 19.

Strategic actions to highlight at the municipal level are the following:

- Strengthening of the community management structures for social control, starting from the participatory local health management processes for the sustained inclusion of increasing investment in favour of adolescence in the Municipal Health Plans.
- The project strengthened the public health system through increasing the planning, management, supervision, and monitoring capacities at the local and municipal levels.
- Work with existing health management systems, including HMIS and SVEC (MNH community surveillance system), and new tools integrated into the HMIS. Health service providers will be trained to effectively apply new monitoring instruments and tools through use of equipment provided by the project, and the available data on SRHR will support informed decision-making.
- Health care with an intercultural approach was strengthened by promoting mutual collaboration between ancestral and academic medicine.
- Through the preparation of municipal health plans, SRH was incorporated as a priority in public policies, articulated with local planning and resources were allocated for it, e.g., strengthening and operation of the AIDA clinics and other related actions defined in the municipal POAs.
- The adolescent networks adopted the CSC as a monitoring and evaluation mechanism between the population and the authorities and health care providers to improve the quality of care.
- Mechanisms for community information and epidemiological surveillance of maternal mortality, such as SVEC-SMN.
- Participatory development of municipal legislation to promote SRHR, violence prevention and youth laws.

Action at the government level is essential to ongoing investment and capacity of local health systems.

Section 7
Best Practices & Lessons Learned

Strengthening Agency & Support for the Realization of Adolescent SRHR

Working with Adolescents

The project was able to reach more adolescents by **combining the CoC methodology with the empowerment of youth networks.** Existing youth networks adopted the SRHR agenda and creatively used social media to disseminate key messages, with members as peer educators.

Work with **adolescent networks** was an effective way to strengthen adolescent and youth leadership, by exercising dialogue and negotiation techniques and influencing with authorities for change. Adolescent networks were strengthened to become key collectives for advocacy, monitoring, and dissemination of SRHR messages. The networks became a springboard for the effective participation of adolescent leaders in decision-making spaces. They effectively contributed to the work on masculinities and peer-to-peer transfer in the educational units and other public spaces, effectively coordinating with youth, women's and community organizations. Designing strategies that extend beyond the individual and promote networks served as an impact multiplier mechanism for the project.

The formation of leaders in adolescent networks and COCs also has a positive impact in schools, as the boys and girls who receive training have shown to influence their peers in different contexts. This can lead to increased openness by the educational units

The **rotation of adolescents** in the working groups and networks required continuous work with these groups, supported by an ongoing training process such as the CoC, leadership skill, exchange of experiences, and others. The success of this intervention also required the consideration of both the school and agricultural calendars, given that many of participants migrate to the cities in search of work during the off-season.

Pregnant adolescent girls should be approached with a particular

methodology that responds to their needs, acknowledging their age and vulnerabilities. This group requires multisectoral support for them and their children, particularly on how to identify signs of GBV and how to seek help.

There is a need to differentiate the approach to different age groups of adolescents, **distinguishing strategies for adolescents under 14 and those over 15.**

During the **work with adolescent boys**, a decrease in their participation in CoC activities was observed. Therefore, it is essential to strengthen the SRHR approach with a specific focus on their interests and needs, which would result in increased participation in activities and greater commitment of this population as agents of change in favor of transformative masculinities and the promotion of GE.

Using everyday means of communication like **social media** in addition to traditional local media, as a platform for key learnings helps disseminate the messages further. The project encouraged the use of social networks with the purpose of promoting and spreading the project's messages, with content that was elaborated by adolescents in support of the exercise of their rights. However, alternatives for those individuals who cannot access the internet or lack technological devices to generate content are important as well.

Involving project participants in the development of communication materials, increasing their capacity to produce quality materials that are relevant to the context, was an effective strategy in ARRIBA. Innovative materials such as social media posts, radio soap operas and animations like La Curvita which was published in Quechua, Aymara and Spanish, were developed with direct input from adolescent girls and boys. Their interest in this activity remained visible, as several of the adolescents maintained their social media pages and broadcast platforms active even after those activities were completed within the project.

Working with Women

It is important to establish a clear capacity-building strategy with women of reproductive age from the beginning of the project. In addition, unifying commonalities of the approach with adult women with methodologies that have proven to be effective for SRH agency development with these groups should be considered. The strategy should also be coordinated with established and recognized groups in the communities such as grassroots indigenous, rural women's organizations to combine agendas to advance their needs and interests.

Integrating the methodology of **learning by doing** as an activity in which discussions and reflections are interwoven with the practice of weaving, making ecological sanitary napkins and preparation of nutritious food, promoted greater and more constant participation of women in project activities.

Enjoy ***Abre tus Alas*** an audiovisual production of the adolescent participants of the ARRIBA Project speaking out against gender-based violence.

Working at the Community Level

Working with the community was an essential step in ARRIBA being able to not only reinforce knowledge and skills on SRHR, but also work on removing systemic barriers to the realization of SRHR in practice. The enabling and protective environment is strengthened when the various interventions to mobilize actors in the community are articulated, avoiding the multiplicity and dispersion of interventions. The groups of participating actors must be interrelated, for example, including the mothers and fathers of the participating adolescents or the partners of participating pregnant women can facilitate change through the transformation of discriminatory gender norms in the environment. This allows for effective dialogue and reflection and leads to joint actions to agree on changes in behavior and beliefs.

To ensure successful **work with adult men**, activities should be aligned to their needs and interests. Methodologies should be contextualized and co-created with men to promote ownership, trust, and sustainability. Interventions must recognize that long-term change in adult men requires time and systematic work because their values, ideas, and prejudices about their own value and that of women and girls are consolidated.

The **work with community leaders** should be based on recognizing the different types of leadership and their roles and responsibilities. The intervention should focus on supporting them so that their actions are reinforced and recognized, promoting progress towards the expected results and strengthening their capacities on how to act, prevent, participate, activate the health and protection systems, and increasing their influence overall. Strengthening the capacity of existing leaders and community-based groups was instrumental in raising awareness about the importance of identifying and reporting cases where the rights of girls and women are violated. Additionally, collaborating with these individuals and groups allowed for the contextualization and socialization of the critical care route for survivors of violence and reporting SGBV and engaging government institutions responsible for safeguarding rights.

The project promoted **intergenerational dialogues** involving adolescent girls and boys and young people, as well as mothers, fathers, and community leaders, including those from women's groups. These intergenerational dialogues increased closeness, strengthened family relationships, promoted assertive communication, and allowed for a better grasp of the problems and needs of young people. They allowed sharing and challenging social norms and make visible risks harmful practices. These spaces effectively addressed GBV risks and barriers that contributed to prevent SGBV and early and forced pregnancies. Moreover, they facilitated connections between different groups, fostering empathy, and contributing to the project's sustainability. These spaces also played

a key role in articulating the exchange of experiences with municipal authorities, and were instrumental for engaging youth networks, community leaders, women's groups in their participation during the contextualization of the critical path for survivors' care and reporting of GBV/SGBV enabling them to voice the SGBV impact in adolescents' and WRA's lives.

Strengthening SRH Services

The **training of health workers** should be organized through a modular, thematic, high-quality curriculum that continuously feeds the professional ladder. It should include a comprehensive approach that addresses not only SRHR aspects but also the deconstruction of prejudices and discriminatory attitudes, dismantling barriers to adolescent access and emphasizing health services that are gender and adolescent responsive and inclusive (GARI). This should help staff review and improve their practices opening-up for dialogues with adolescents, their families and community leaders. Likewise, the intervention should establish coordination with the decentralized mechanisms of public institutions to expedite the training of local health personnel and ensure an appropriate response to their local needs. Furthermore, **conceptual training about GARI should be combined with practical exercises**, involving reflections and discussion about discriminatory social norms that are barriers to adolescent-friendly SRH service provision, seeking change towards best practices that ensure services tailored to their needs.

To mitigate the adverse consequences of **frequent turnover** among healthcare professionals in rural communities, a crucial strategy involves facilitating continuous education through self-training modalities, such as the APPRendes autonomous learning platform app, to ensure sustained access to quality healthcare services.

Ensure that knowledge is aligned with the quality of service regarding SRHR and access to contraceptives and other SRH services (eg. pregnancy termination). This includes fostering the knowledge acquired by professionals is put into practice.

Promoting that the population in isolated regions and in situations of high vulnerability has **access to SRH through alternative means**, eg. mobile units, home visits, and teleconsultations.

Multisectoral coordination proved to be effective in bringing together institutional, community and civil society actors to evaluate gaps in care and weaknesses in reporting mechanisms in the case of GBV/SGBV, and to coordinate solutions based on local resources and services. This made the responses needed for SRHR and SGBV care visible and fostered a review of review their responsibilities, leading the different actors to agree on guidelines for sustainability.

Multisectoral coordination positively impacted the actions of community leaders and promoted an environment where adolescents can access services. This strategy demonstrated its effectiveness in Y5, although the time remaining to implement all contextualized solutions for the community leaders was limited and should be implemented earlier.

The creation of **birth plans** should be established as an individual strategy, tailored to each WRA.

The articulation and **joint work of health centres and traditional birth attendants** in the equipment of the intercultural delivery rooms, was a successful strategy with benefits for all parties involved.

The implementation of AIDAs with the high participation of adolescents and motivation of health personnel, positively impacting the certification process of the MoH. During and after this process, health personnel improved their skills to provide an efficient service to adolescents.

Fostering Advocacy for Enhanced Responsiveness of Local Health Systems

Capacity building in SRHR with a GE approach for municipal authorities should be reflected in SRHR public policy agendas.

Introducing the **community assessment scorecard** methodology resulted in evidence-based municipal advocacy plans. With this tool, social organizations were prepared to lobby for the municipal operational plans to have budget allocations for traditional doctors and traditional birth attendants, AIDA services, and adolescents having resources to develop their replication activities.

Adolescent networks were built into key collectives for advocacy, monitoring, and dissemination of SRHR messages and advocacy actions. The networks became a springboard for the effective participation of women leaders in decision-making spaces.

Lastly, the **empowerment of social organizations** such as adolescent networks and women's groups was relevant in the adoption of laws and municipal resolutions towards SRH and prevention of GBV/SGBV. Likewise, its impact was visible in the framework of participatory local health management and support for the implementation of health programs such as AIDA, tele-health and other programs related to maternal and neonatal health. The majority of the policy instruments that resulted from the advocacy processes of the actors trained and organized by the project were adopted at the municipal government level.

Finally, facilitating access to **small competitive funds** to put advocacy ideas into action further motivated community participation and buy-in, resulting in initiatives proposed by adolescent networks, women's groups and father's clubs.

Section 8
Recommendations

Thirteen general recommendations stem from the project and are outlined below.

1. Strengthening the capacities of adolescent girls and boys, young people, WRA, and pregnant women from a perspective of **enhancing their ability to make informed decisions about their SRHR** requires continuous efforts. This also implies the need for rights holders to share the knowledge gained with their peers.
2. Considering the constant rotation of healthcare workers, it is essential to **seek strategic mechanisms and influence decision-makers** to ensure that health workers have access to and participate in capacity-building programs related to SRHR, a life free from violence, and providing quality, compassionate care from a rights-based, gender-sensitive, and intercultural perspective.
3. Based on the project's experience, efforts should be made to ensure that different government levels **increase the dissemination processes regarding the use of modern contraceptive methods** and the importance of access to prenatal care through new communication channels and mechanisms.
4. Efforts should continue to **involve the family and community members** of adolescent girls and boys (men in particular), young people, WRA, and pregnant women to foster a better understanding the importance of exercising their SRH and living a life free from violence.
5. **Periodical evidence-based monitoring** must be conducted to assess the satisfaction levels of rights holders with the services provided, with a social control perspective aimed at continuously and progressively improving SRH and MNCH services.
6. Progressive efforts should be made to ensure all health centres and services within the community or municipality offer **quality of care with a gender perspective, friendly approach, and cultural sensitivity.**
7. Continued efforts should be made to **create synergies between SRH, MNCH, and protection services** to ensure appropriate referrals and care for survivors of GBV/SGBV and other rights violations.
8. The processes of strengthening advocacy for adolescent girls and boys, young people, and women must continue to **support the realization of their rights.**
9. Efforts should be made to influence strategic mechanisms that ensure the continuous allocation of resources for the **implementation of Municipal Health Plans from a rights-based perspective.**
10. The promotion of **spaces for multi-actor and intergenerational dialogues** is necessary to ensure that the needs related to protection and SRHR are considered in public policy.
11. When working with institutions and public servants, it is recommended to address aspects that **encourage reflection on changing practices, challenging taboos, dispelling ideas, and confronting gender prejudices** that limit adolescents' access to quality services and often deny them of their rights to services.
12. **Support to adolescent networks** should continue, given their demonstrated role as key advocates in the promotion of adolescent SRHR at the local level, as well as that of inter-generational and inter-institutional connector.
13. **Leaders (formal and informal) play a crucial role in promoting SRHR** and facilitating the implementation of activities within communities, therefore, their involvement is crucial.

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